

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	943	5-31-1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
Final	8/5/4 Nov 12 6/20/01
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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